

of normal pelvis where the fœtus is not abnormal in size in the hands of an operator accustomed to perform vaginal section, this method may be useful. It has, however, its very decided limitations, and should not, we believe, be applied in cases of considerable pelvic contraction.

GYNECOLOGY.

UNDER THE CHARGE OF

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Results of Alexander's Operation.—FUCHS (*Zentralblatt für Gynäkologie*, 1905, No. 20) reports 220 cases from Werth's clinic. In 69 patients who were kept under observation a recurrence took place in 14.4 per cent. No case of hernia was noted. The canal was laid open and Bassini's method was followed in two-thirds of the cases. There were 7 cases of temporary displacement following labor, while in 6 other women the uterus remained in its normal position.

Division of the ileoinguinal nerve was seldom followed by subsequent pain.

The writer is opposed to shortening of the round ligaments after the separation of adhesions. Vaginal fixation is preferable in cases of prolapsus with retroflexion.

Desmoid Tumors of the Abdominal Wall.—PFEIFFER (*Beiträge zur klin. Chirurgie*, Band xlv., Heft 2) reports 40 cases from Bruns' clinic and 360 from the literature; 89.4 per cent. occurred in women, the majority having borne children. The umbilicus was never affected. The microscopic diagnosis between fibroma and fibrosarcoma is difficult, nor does the occurrence of round and spindle cells in the growth necessarily imply malignancy. The writer has never observed a case of pure myoma, though he has rarely met with fibromyxoma and fibromyoma, and one case each of pure myxoma and myxosarcoma.

He explains the etiology of desmoids, like Ribbert, by the theory that after hypertrophy of the abdominal muscles and connective tissues following labor the walls become overstretched, herniæ and spaces occur, which, as the result of hyperæmia and cell-proliferation, are filled in with neoplasms. Trauma is doubtless a common etiological factor. It is not necessary, however, to infer with some authors that these tumors have their origin in hæmatomata.

Desmoids cause but little pain, which is sometimes most marked at the time of menstruation. Rapid growth is not an indication of malignancy. They may undergo degeneration and even suppurate and discharge through the skin.

An important diagnostic point is the sharply circumscribed character of the neoplasm, and its immobility when the abdominal muscles are contracted. They are distinguished from intraperitoneal tumors by the fact that the greater portion of the mass is external and that they do not change their position with change of posture and inspiration. Abscesses, cysts and gummata must be considered.

The writer advises removal of the tumors, even in the early months of pregnancy, on account of their tendency to grow rapidly in this condition. In the later months interference would be justifiable only if the neoplasm was so large as to threaten to interrupt the pregnancy, or hemorrhage or suppuration occurred. In excising it the surgeon should extend his incisions into healthy tissue, whether the peritoneal cavity is opened or not. Gaps in the peritoneum can be filled in with flaps from the neighboring serous membrane or omentum, while plastic operations will supply defects in the muscular wall.

The primary mortality is only 4.55 per cent.; the prognosis being most favorable in cases in which the peritoneal cavity is not opened.

In 107 patients who were kept under observation, local recurrence occurred in 21.2 per cent. in women and 50 per cent. in men, the more unfavorable statistics in the latter being due to the fact that the growths were nearly always sarcomatous. Repeated operations have been performed with an ultimate good result, since many of the recurrent neoplasms are pure fibromata.

Enterostomy in the Treatment of Peritonitis.—GEBHARD (*Deutsche Zeitschrift für Chirurgie*, Band lxxiv., Heft 1 and 2) believes that the principal danger in septic peritonitis is intestinal infection, the retained intestinal contents constituting septic foci, from which the peritoneum is poisoned. He accordingly advises enterostomy, in order to drain away this infectious fluid.

He reports 8 cases of incipient peritonitis, in which he adopted this method of treatment, in all of which the establishment of an intestinal fistula was followed by arrest of the general infection and subsequent cure.

Spontaneous Replacement of the Retroverted Uterus.—KLEINWACHTER (*Zeitschrift für Geb. u. Gyn.*, Band liv., Heft 1), observing 366 cases of uncomplicated movable retrodisplacement for a period of years, found that the uterus returned to its normal position spontaneously in 11.2 per cent., and remained thus. He believes that this occurs more frequently than is usually supposed.

Cancer following Removal of Benign Ovarian Tumors.—SCHREDER (*Zeitschrift für Geb. u. Gyn.*, Band liv., Heft 1) adds the following case to the 6 already reported: Three and one-half years after the removal of a small multilocular cystadenoma of the left ovary (the right being also extirpated, as it was cystic) the abdomen was reopened on account of ascites. At the same time a portion of the thickened abdominal wall at one side of the old cicatrix was excised, and when examined microscopically proved to be adenocarcinoma. The peritoneum was studded with cancerous nodules, hence the inference that infection had occurred during the removal of the pseudo-mucin cyst, with subsequent malignant degeneration.

Pneumococcus Infection of a Dermoid Cyst.—RISSMANN (*Deutsche med. Wochenschrift*, 1905, No. 13) reports the case of a woman, aged thirty-two years, who, on the eighth day after the inception of lobar pneumonia continued to have a high pulse-rate and temperature. She had had an abdominal tumor for several years, which was removed and proved to be an immense dermoid cyst. Pure cultures of pneumococci were made from the cyst contents. Since there were no intestinal adhesions, the writers believe that the infection took place either through the blood, or secondary to the pneumococcus peritonitis.

Lutein Cells in Pregnancy.—SEITZ (*Zentralblatt für Gynäkologie*, 1905, No. 19), from an examination of the ovaries of 17 women who died during or soon after pregnancy, concludes that the atresia of the follicles differs from that which occurs in the non-pregnant in the marked development of the cells of the theca internum, usually known as lutein cells. As long as uterine pregnancy persists (even when pathological) ovulation ceases and the follicles degenerate. This applies to chorion epithelioma, as opposed to cancer of the uterus. The writer ventures to express no theory as to the physiological significance of this increase of lutein cells during pregnancy.

Foreign Bodies in the Uterus.—KNOOP (*Zentralblatt für Gynäkologie*, 1905, No. 19) reports 2 cases and cites nearly 100 others from the literature.

In the first case a hairpin was removed from the uterus, having been introduced six years before. The patient was fifty-seven years old; had ceased to menstruate ten years before, and was sent to the clinic for supposed cancer of the corpus uteri, on account of an offensive discharge.

Sterilization by Resection of the Tubes.—REIFFERSCHIED (*Zentralblatt für Gynäkologie*, 1905, No. 19), in referring to 2 cases of Küstner's, in which women became pregnant after portions of the tubes were ligated and excised, describes the method practised unsuccessfully at the Bonn clinic. At the time of a second Caesarean section each tube was tied with silk in two places near the uterine end and an inch was excised, after which the uterine stumps were turned in and sutured, but the patient, nevertheless, became pregnant again and premature labor was induced. The writer accordingly agrees with Küstner that the only sure way to prevent future impregnation is to excise the tubes entirely, as in pyosalpinx.

The indications for the operation must be strictly defined, and it should be performed only with the consent of the patient's husband.

Action of Streptococcus Pyogenes on the Vaginal and Uterine Mucosa.—HEINRICIUS (*Archiv für Gynäkologie*, Band lxxiv., Heft 22), from experiments on rabbits, concludes that when the superficial epithelium is intact the bacteria are unable to make their way through or between the cells into the subjacent muscular tissue, the reverse being true if the epithelium becomes desquamated or is exfoliated. The writer also finds that the lymphatics are the usual channels of peritoneal infection in cases of septic endometritis. The factor of individual susceptibility to infection was clearly shown in experiments upon rabbits, which is

often borne out by clinical observations in the human subject, in whom general sepsis may develop without discernible local lesions.

Cauterization in Inoperable Cancer of the Uterus.—LOMER (*Zentralblatt für Gynäkologie*, 1905, No. 19) reported to the Hamburg Obstetrical Society a case of cauterization of an inoperable cancer in which the uterus, previously firmly adherent, became so movable that total abdominal extirpation was easily performed a few days later, no involvement of the pelvic glands and tissues being found. The speaker referred to a similar case in which the uterus was successfully extirpated five years after curettement and cauterization.

In the discussion which followed opinions differed, both as to the value of cauterization and the frequency of metastasis in the lymph nodes.

Clinical Observations in Ovarian Tumors.—LIPPERT (*Archiv. für Gynäkologie*, Band lxxiv., Heft 2) analyzes 638 cases occurring in the Leipzig clinic in the course of seventeen years, the operative mortality being 5 per cent., or 3.7 per cent. in benign and 13.13 per cent. in malignant growths.

The writer agrees with Byford that ovarian tumors are more frequent in married women—in fact, over 96 per cent. of the papillary variety occurred in those subjects. Menstruation was comparatively little affected, even with double cysts. Amenorrhœa was occasionally noted. Adhesions were present in 48.5 per cent.

Abdominal ovariectomy was performed in 81 per cent., and explorative incision alone was performed in only 3.9 per cent. of the benign growths and 23.5 per cent. of the malignant.

As to the question of removing the opposite ovary, its cystic condition and the age of the patient were the principal points considered. A second ovariectomy was performed in 3.3 per cent.

Etiology of Purulent Tubo-ovarian Cysts.—SCHAFER-HEIDELBERG (*Archiv für Gynäkologie*, Band lxxiv., Heft 2) refers these cysts to a former inflammatory process. He believes that the fimbriated end of an inflamed tube becomes adherent to the ovary, and that suppuration occurs in the latter, so that it is transformed into an abscess. Interuterine infection as a result of direct applications or the use of tents may cause the lighting up of old tubal inflammation. Vaginal incision and drainage is the treatment recommended.

Early Diagnosis of Tuberculosis of the Uterus.—SCHATTLANDER (*Monatsschrift für Geb. u. Gyn.*, Band xxi., Heft 1 and 2) does not believe that polymorphism and multiplication of the cells of the glands and endometrium is sufficient to justify the suspicion of commencing tuberculosis in the absence of bacilli, unless gonorrhœa or recent abortion can be positively excluded. Moreover, the demonstration of the presence of tubercle bacilli, although an important aid to diagnosis, is not confirmatory as in the finding of giant cells.

Innervation of the Female Pelvic Organs.—JUNG (*Monatsschrift für Geb. u. Gyn.*, Band xxi., Heft 1 and 2), from a careful study of serial sections of fetuses, arrives at the following conclusions: In the new-

born a large ganglion is found in the parametric tissue opposite to the junction of the cervix and vaginal vault, from which chains of ganglia radiate downward to the pelvic floor and upward to the ureter and vesicouterine pouch. These communicate with the ganglia behind the rectum, around the ovary, and with the renal ganglia.

This cervical ganglion does not form a plexus, but constitutes a mass of plexuses to which all the genital nerves converge. It is not as large as Frankenhäuser pictures it, but is composed largely of connective tissue. The entire vagina is surrounded by a network of nerve fibres and ganglia, situated partly within the paravaginal connective tissue, which communicate with the large ganglion before mentioned.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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Diphtheria Antitoxin in the Treatment of Goitre.—DR. ROBERT T. LEGGE, of McCloud, Cal. (*Journal of the American Medical Association*, April 22, 1905), reports a case of a lady in whom he had injected 1500 units of antitoxin on two successive days in the treatment of a moderately severe pharyngeal diphtheria, contracted in nursing a fatal case of the disease in a child. This lady had exophthalmic goitre of eight years' duration, with all its classic symptoms. Four months later Dr. Legge noticed that the large tumor of the neck had disappeared and that the eye symptoms were a trifle better. After a lapse of one year there had been no return of the enlargement. Two cases are reported in which the antitoxin was given purposely, and in which marked reduction of the tumors took place in from three to five months after two injections at about ten days' interval.

Stenosis of the Nasal Cavity Caused by Contraction of the Palate and Abnormal Position of the Teeth; Expansion by the Treatment of the Maxilla.—At the Fourth International Dental Congress held at St. Louis, Mo. (*Dental Cosmos*, May, 1905), DR. G. B. MAERCKLEIN, of Milwaukee, read a paper upon this subject and recommended an apparatus for the purpose suggested by Dr. Schroeder by which he had performed a great number of expansions of the maxilla in treating cases of prognathism, and always succeeded in effecting nose breathing where it had been impossible before.

Artificial Noses.—The *Dental Cosmos* for May, 1905, contains interesting illustrated articles by Dr. Louis Ottofy, of Manila, P. I., who made an artificial nose for a Chinaman; Dr. W. H. Baird, of Burlington, Iowa, who supplied an artificial nose to a lady; and Dr. Lee Baker, of